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ABSTRACT

Very little of the professional literature on suicide deals with suicide in jails, and virtually no references to juvenile suicide in adult jails exist. To determine if the rate of juvenile suicide in adult jails might be higher than that in secure juvenile detention centers, suicidal conduct was used as the indicator of the harmful effects of placing children in adult jails. The sample included all juvenile detention facilities, sampling of jails with an average daily population (ADP) of fewer than 250 inmates, a full sample of those with an ADP of more than 250, and lockups. Questionnaires (N=913) were sent to the lockups in the sample. Data indicated that, during 1978, approximately 392,662 juveniles occupied adult jails and lockups. Results supported the hypothesis that the rate of suicide among juveniles held in adult jails and lockups was significantly higher than that among children in juvenile detention centers and children in the general population. However, the data did not indicate that the suicide rate among youth placed in juvenile detention facilities was greater than that of children in the general population. These results suggest that the policy of incarcerating children in adult jails may be contributing to the relatively high rate of suicide. (RC)

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An assessment of the national incidence of juvenile suicide in adult jails, lockups, and juvenile detention centers

PREPARED FOR
United States Department of Justice
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Foreword

A major objective of the Children in Adult Jails Project was the involvement of young people in the research of issues surrounding the practice of jailing children. This study on the comparative incidence of juvenile suicide is such an effort, having providing a valuable addition to the literature in this area, while serving to fulfill academic requirements at the University of Illinois.

The findings presented in this study confirm the often stated but undocumented notion that the rate of juvenile suicide is higher in adult jails and lockups than in either separate juvenile detention centers or the general population at risk. Further, it documents previous estimates that approximately 500,000 children are confined in adult jails and lockups each year. Most significantly, the findings of this research provide support for the enactment of state and federal legislation which prohibits the detention of children in adult jails and lockups.

James W. Brown
Director
Community Research Forum

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1 Introduction

In 1923, Fishman (1969:18, 83) visited 1500 American jails, and he noted that very young children were routinely imprisoned with adult inmates. Federal policy in the United States still permits children to be incarcerated in adult jails and lockups if they are kept separate from adult prisoners. Indeed, we estimate that more than 213, 000 juveniles were held in adult jails during 1978 although only a very small minority of them were charged with felonies.[1] Furthermore, from 1969 to 1979, there was an increase of 156 percent in the number of persons below the age of eighteen who were arrested (U.S. Department of Justice, Federal Bureau of Investigation, 1969:115; 1979: 194). That figure implies an increasing tendency to place children in adult jails. This, despite the fact that the federal Juvenile Justice and Delinquency Prevention Act of 1974

clearly called for a reduction in the use of secure detention for youth (Public Law, 1974).

The separation of juvenile prisoners from adult inmates may reduce the incidence of child abuse, but it may also be conducive to juvenile suicide in adult jails. Past research demonstrates that facility and staff limitations of jails and lockups often result in children being held in isolation without supervision (U.S. General Accounting Office, 1976; Children's Defense Fund, 976:4; James, 1975:197; Sarri, 1974:30). These studies imply that placing children in adult jails, even when separated from adults, is both physically and emotionally damaging to those children. This is quite evident in the following comments by investigators from the Children's Defense Fund (1976:4).

> ...the conditions of most of the jails in which we found children are absymal, subjecting them to cruel and unusual punishment through physical neglect and abuse. Solitary confinement or confinement in a dank basement or closet-like enclosure for the sole child in an adult jails removes him or her from other inmates, but also from the attention of caretakers and can have severe traumatic effects on an already troubled and frightened youngster.

Such observations suggest that one of the tragic consequences of this policy is the facilitation of juvenile suicide in adult jails, and there is much anecdotal data which supports this hypothesis (Juvenile Justice Digest, 1979: 10; Wooden, 1976:151; U.S. Senate Committee on the

Judiciary, 1971:5116; Looking Glass, 1980:7-11). A higher rate of suicide among children held in adult jails and lockups, as compared to that of similar populations of children in secure juvenile detention facilities and the general youth population, would be a vivid indicator of the harmful impact of incarcerating juveniles in adult jails. Yet, there has been no systematic empirical documentation of these claims.

2 The Literature on Suicide

the etiology of suicide

It is arguable that sociology began with the study of suicide. In his classic attempt to establish the legitimacy of a science of social conduct, Durkheim (1951) purposefully selected suicide as the subject of his research because it seemed to be an intrinsically individual act. By showing that ostensibly personal behavior, such as suicide, is actually structured by collective forces, he claimed some justification for the existence of sociology as a social science.

Many of Durkheim's principal findings have met with repeated substantiation. For example, suicide has been consistently shown to be positively correlated with age (Durkheim, 1951:172; Dublin, 1963:22), and his assertion (Durkheim, 1951:209) that suicide varies inversely with the degree of integration or cohesiveness in social groups has spawned what has come to be known as the status integration theory of suicide (Gibbs and Martin, 1958; Chambliss and Steele, 1966; Hagedorn and Labovitz, 1966). In keeping with Durkheim's proposition, the suicide rate among people who experience high levels of social or geographical mobility tends to be higher than the suicide rate among persons who are not exposed to those factors (Breed, 1963; Farberow et al., 1977). Similarly, individual seclusion effectively terminates social integration, and not surprisingly, personal isolation has been iteratively related to suicide (Atkinson, 1968; Stengel, 1964).

suicide in jails

Although the professional literature on suicide is simply enormous, very little of it is directly concerned with the occurrence of suicide in jails, and not even one reference could be located which specifically examines juvenile suicide in adult jails (Beall, 1969; Prentice, 1974). Nonetheless, much of the data on the problem of adult suicide in jails seems applicable to juvenile suicide in that same setting. Litman (1966:16) states that the risk of suicide is increased when a so-called "respectable" person is arrested for something shameful or when an inmate is rejected by loved ones. As one would expect, isolation within the jail setting has also been linked to suicide (Danto, 19736:19) as have both fear and stress among prisoners (Johnson, 1976:127; Gibbs, 1978a). Toch (1975:51) writes that embarrassment, guilt,

and self-condemnation can coalesce to produce a fatal self-hate. Recalling the status integration theory of suicide, Irwin's (1970:39) description of incarceration is instructive:

> These experiences--arrest, trial, and conviction--threaten the structure of his personal life in two separate ways. First, the disjointed experience of being suddenly extracted from a relatively unfamiliar and seemingly chaotic one where the ordering of events is completely out of his control has a shattering impact upon his personality structure. One's identity, one's personality system, one's coherent thinking about himself depend upon a relatively familiar, continuous, and predictable stream of events. In the Kafkaesque world of the booking room, the jail cell, the interrogation room, and the visiting room, the boundaries of the self collapse.
>
> While this collapse is occurring the prisoner's network of social relationships is being torn apart.

The data-driven analysis of suicide among convicts can be dated to over sixty years ago (Woolen, 1913), but most research on this topic has been conducted within the last decade. Rieger (1973:141) looked at suicides in federal prisons from 1950 to 1969, and he found that the rate was lower than that of the general population, but his anomalous results may be attributable to the use of prison inmates since measurements of the suicide rate in jails indicate that it is substantially higher than the rate of suicide in the general population (Esparza, 1973:34-5; Hoff, 1973:204).[2] Juveniles are rarely held for very long in adult jails, but suicides among adult inmates frequently occur soon after arrest. Heilig (1973: 49) reports that eleven of seventeen suicides transpired during the first day following incarceration. Likewise, Fawcett and Marrs (1973:89) counted five of thirteen suicides within the first week of imprisonment. Most authorities agree that cutting or hanging are the most common methods for committing suicide in jail (Beigal and Russell, 1973:110; Danto, 1973a:8; Wilmotte and Plat-Mendlewicz, 1973:71). Finally, it is interesting to note, given our focus on juvenile suicide in jails, that Koller and Castanos (1969:858) discovered a strong relationship between parental deprivation and attempted suicide among adult prison populations.

suicide among children

A number of general statements can be made concerning the incidence of suicidal behavior among youth. Females make many more suicide attempts than males, but males are successful much more frequently than are females (Shafii et al., 1979: 229). In the same vein, non-whites commit suicide much less frequently than whites (Shafii et al., 1979:9; Toolan, 1962:719; Holinger, 1978: 754). There is quite a lengthy catalogue of precipitating causes for suicidal conduct among children, but several are cited repeatedly. Shaffer (1974:287) points out that, "The most commonly occurring situation before the suicide was one in which the child knew that his parents were to be told of some type of anti-social behavior or loss of face," and Mulock (1955:158)

as well as Faigel (1966:188) refer to legal problems as a cause of juvenile suicide. Parental deprivation as a result of divorce, rejection, or death is another frequent cause of suicidal conduct among children (Cashion, 1970; Barter et al., 1968; Finch and Pozanski, 1971; Dorpat et al., 1965; Peck, 1968; 1970). In addition, individual isolation has often been listed as a major source of juvenile suicide (Bakwin, 1973; Jacobs, 1971; Teicher and Jacobs, 1966; Seiden, 1969). Finally, and perhaps related to the preceding variables, some authors simply mention psychological depression as the precipitant for suicide among youth (Bakwin, 1966; Gould, 1965; Schrut, 1964).

hypotheses

We would expect to find feelings of isolation, humiliation, parental deprivation, and depression more widespread among youth imprisoned in adult jails than among youth in secure juvenile detention centers. This expectation is based upon the aforementioned federal policy of separating juveniles from adult prisoners (which often results in isolation for the sole child in an adult jail), as well as the chronic facility and staff limitations of adult jails. By the same token, those feelings are likely to be more prevalent among youth held in juvenile detention facilities than among children in the general population of the United States. In light of the foregoing, it is hypothesized that the rate of juvenile suicide in adult jails is higher than that of secure juvenile detention centers, and in turn, that the rate of suicide in juvenile detention facilities is higher than that among youth in the general population. Since we are interested in measuring the harmful effects of placing children in adult jails, suicidal conduct was chosen as the indicator for those effects because "self-inflicted injury is an act that typically requires medical attention," and for that reason, "it is more likely to be reflected in institutional records" than are other phenomena such as sexual or physical assaults (Gibbs, 1978b:23).

3 Methods

sampling frame

Our sample is drawn from the Criminal Justice Agency List which is a complete compilation of all institutions in America that are involved in any facet of the criminal justice process (U.S. Department of Commerce, 1978a). Included on that list are all adult jails, lockups, and juvenile detention centers in the United States and our sampling frame comprises that subset of the inventory. The entries on the list of those facilities with a detention capability is derived from an updated version of the National Jail Census of 1970 (U.S. Department of Justice, 1971). The sampling frame, therefore, consists of names, addresses, telephone numbers, and other information on 3,493 jails, 13,383 lockups, and 372 juvenile detention centers.

sample

Since the number of juvenile detention facilities is not large, all of those institutions were included in our sample. However, because financial considerations precluded the inclusion of all adult jails in our sample, we drew a twenty percent random sample of the jails which have an average daily population of fewer than 250 inmates, and a one hundred percent sample of jails which have an average daily population of 250 prisoners or more. The representativeness of our sample is accomplished by statistically weighting the responses from the undersampled strata (Kish, 1965:75). Obviously, these procedures eliminate sampling error with reference to juvenile detention facilities and large jails. A random sample of 6.8% was drawn from the lockups on the Criminal Justice Agency List.

Subsequent to pretesting the instrument, 1158 questionnaires were mailed to 372 juvenile detention centers and 786 jails.[3] After revising the instrument, 913 questionnaires were mailed to the lockups in our sample.[4] Second and third mailings were followed by telephone calls to the nonresponding institutions. We have received usable responses from 97.6% of the juvenile detention facilities, 83.3% of the jails, and 64.0% of the lockups in our sample for an overall response rate of 77.4%.

analysis

Suicide rates are ordinarily calculated per 100,000 persons at risk since the actual number of suicides in any population is usually a very

small number. If the proportion of people who commit suicide is symbolized with a P and the total number of people in the population at risk is represented by an N, then their product NP is typically such an extreme value that the binomial approximation to the normal distribution cannot be assumed (Siegel, 1956:40). For the purpose of statistical inference, the Poisson Distribution is appropriate in this kind of situation (Blalock, 1972:172: Loether and McTavish, 1974:109n). In other words, the Poisson Distribution allows one to model the probabilities associated with relatively rare events. The probability distribution of a Poisson variable is given by Equation Number 1 when the parameter is known:

$$(1)\quad p\,(x;u) = \frac{e^{-u}u^{x}}{x!}\,,\quad x = 0,\ 1,\ 2,\ \ldots$$

where u is the known parameter, e is the constant 2.71828 (the base of natural logarithms), and x is the observed frequency in the sample data (Blalock, 1972:172). Given knowledge of the relevant parameter and the observed statistic, we can avoid tedious computations by using tabulated Poisson probability sums in order to test hypotheses (Abramowitz and Stegun, 1965:979). When the parameter is unknown, we can use Equation Number 2 to calculate the statistical significance of the difference between two Poisson values:

$$(2)\quad \frac{(x_1 - .5) - (x_2 + .5)}{\sqrt{x_1 + x_2}} \quad u_{1-a}$$

where x_1 and x_2 are the representative Poisson values (Brownlee, 1968:182). Since this formula yields a corrected approximation to the unit normal deviate, the significance of the difference is tabulated in any table of Z scores.

4 Findings

the number of juveniles in adult jails and lockups

There is great variation in the estimates of the annual number of children who are held in adult jails and lockups. Perhaps the highest projection is that of Sarri (1974:5) who suggests that 500,000 juveniles are incarcerated in adult jails and lockups each year. In contrast, Poulin and his colleagues (1979:11) estimate that 120,000 children annually are held in jails only. Neither of these projections, however, is based on primary research. Rather, they are based on snytheses of secondary sources. Lowell and McNabb (1980:29) conducted a nationwide survey, and they project a one day count of 4,061 sentenced persons below the age of eighteen in jails. Unfortunately, apart from ignoring the many unsentenced juveniles in adult jails, their study had a response rate of only 51%, and they admit that their data seriously underestimate the parameter in large urban areas (Lowell and McNabb, 1980:27-8).

We have documented 383,328 children in secure juvenile detention centers during 1978. Given our response rate, we estimate the actual total to be approximately 392, 662. We have documented 170,714 juveniles in adult jails. Again, given our response rate, we estimate the actual total to be 213, 647. In addition, we have documented 11,592 juveniles in adult lockups. Once again, given our response rate, we estimate the actual number to be 266,261. That yields an overall estimate of 479,908 persons below the age of eighteen who are held for any length of time in an adult jail or lockup during 1978. All of these projections are based upon linear extrapolation from our data.

the incidence of juvenile suicide

Table 1 presents the suicide rates for children in adult jails, lockups, and juvenile detention centers during 1978, and the suicide rate among youth in the general population of the United States during 1977. Information on the general population from 1977 is used because final mortality data for 1978 has not, as yet, been computed by the National Center on Health Statistics (U.S. Department of Health, Education, and Welfare, 1979). The number of suicides among children in the general population during 1977 is obtained from unpublished data at the National Center for Health Statistics (U.S. Department of Health, Education, and Welfare,

1980), and the number of children in the general population of the United States during 1977 is available in published form from the Bureau of Census (U.S. Department of Commerce, 1980).

TABLE 1. SUICIDE RATES FOR CHILDREN IN ADULT JAILS, LOCKUPS, AND JUVENILE DETENTION CENTERS DURING 1978, AND CHILDREN IN THE GENERAL POPULATION OF THE UNITED STATES DURING 1977

Population	Number of Children	Number of Suicides	Number of Suicides per 100,000 Children
Children in Adult Jails during 1978	170,714	21	12.3
Children in Adult Lock-ups during 1978	11,568	1	8.6
Children in Juvenile Detention Centers during 1978	383,238	6	1.6
Children in the General Population of the United States during 1977*	49,008,000	1313	2.7

The rate of suicide among juveniles in adult jails during 1978 is 12.3 per 100,000 which is 4.6 times larger than the suicide rate of 2.7 per 100,000 among youth in the general population during 1977. From tabulated sums of Poisson probability values (Abramowitz and Stegun, 1965: 979), we find that the difference between those two suicide rates is statistically significant with $p < .00003$. *The rate of suicide among juveniles in adult lockups is 8.6 per 100,000 which is more than three times larger than the rate of 2.7 among children in the general population,* and that difference is also statistically significant with $p < .004$. Unexpectedly, the suicide rate among children in juvenile detention facilities is only 1.6 per 100,000, which is lower than that of the general population. Using a critical value of .05, this difference is not statistically significant with $p < .145$. The suicide rate of juveniles in adult jails is almost 7.7 times larger than that of juvenile detention centers, and that difference is statistically significant with $p < .005$. Similarly, the suicide rate among juveniles in adult lockups is more than five times larger than that of juvenile detention facilities, and that difference is also statistically significant with $p < .03$.

* The number of children in the general population of the United States during 1977 represents all persons between the ages of 5 and 17, while data for children in adult jails, lockups, and juvenile detention centers during 1978 represent persons below the age of 18.

an approximation to longitudinal design

All records of juvenile detention are either sealed or destroyed when the individual becomes an adult. This fact, coupled with the anticipated difficulty in completing our questionnaire, led us to employ a cross-sectional design when a longitudinal or time-series design would have been preferable. In order to contextualize the 1978 data, suicide rates have been calculated for children in the general population of the United States from 1968 to 1977, and this information appears in Table 2. The relevant data were obtained from the National Center for Health Statistics (U.S. Department of Health, Education, and Welfare, 1980) and the Bureau of Census (U.S. Department of Commerce, 1974, 1978b, 1980). Apart from statistical variation, there appears to be a trend toward an increasing rate of suicide among youth in the general population, and the 1977 figure of 2.7 per 100,000 is the highest value in Table 2. Yet, the suicide rates for juveniles in adult jails and lockups during 1978 are both considerably higher than that value, and statistically significant differences remain even if the value of 2.7 is arbitrarily raised to 4.0 per 100,000.

TABLE 2. SUICIDE RATES FOR CHILDREN IN THE GENERAL POPULATION OF THE UNITED STATES FROM 1968 TO 1977.*

Year	Number of Children	Suicides	Suicide Rate per 100,000
1977	49,008,000	1313	2.7
1976	49,851,000	1097	2.2
1975	50,368,000	1126	2.2
1974	50,949,000	1081	2.1
1973	51,480,000	1013	2.0
1972	52,012,000	950	1.8
1971	52,383,000	908	1.7
1970	52,545,000	806	1.5
1969	52,386,000	763	1.5
1970	51,976,000	668	1.3

* The term "children" refers to persons between the ages of 5 and 17 years old.

discussion

There is support for our hypothesis that the rate of suicide among children held in adult jails and lockups is significantly higher than that among children in juvenile detention centers and children in the general population of the United States. However, the data do not indicate that the suicide rate among youth placed in juvenile detention facilities is greater than that of children in the general population. Several comments are pertinent to these observations. First, bear in mind that even the confidential admission of the occurrence of a juvenile suicide in an institutional setting is deeply embarrassing. To the extent that our data are characterized by response bias, such bias would, in all likelihood, contribute to an underestimate of the suicide rate in jails and lockups. Second, the data indicate that the average length of stay for children in jails is approximately seven days while the average length of stay in lockups is less than two days. In contrast, the average length of

stay in lockups is less than two days. In contrast, the average length of stay in juvenile detention facilities is seventeen days, and the suicide rate for children in the general population is calculated for an entire year or 365 days. In other words, children in adult jails and lockups kill themselves more frequently than do children in juvenile detention facilities and children in the general population despite the fact that children in jails and lockups have less time in which to commit suicide. Third, one must also bear in mind that it is more difficult to commit suicide in jails and lockups than it is in the general population simply because the techniques at one's disposal are much more limited. Together, these considerations imply that the problem of juvenile suicide in adult jails and lockups may well be even more serious than is suggested by our data per se. Fourth, the validity of our primary hypothesis is bolstered by the fact that seventeen of the suicides occurred despite the fact that in these cases sight and sound separation had been accomplished. Finally, the low rate of suicide among children in juvenile detention centers may be attributable to the greater supervision which is available at those facilities, and to the participation by juveniles in the ongoing youth activities at those facilities as opposed to the isolation which they would often confront in adult jails and lockups.

policy implications

These data suggest that the policy of incarcerating children in adult jails and lockups may be contributing to a relatively high rate of suicide among those children. Further, in our data, eleven of twenty-two children who killed themselves while in jails and lockups had not committed a felony, which implies that many of those juveniles who are imprisoned in jails pose little threat to their communities. These findings also indicate that the problem of juvenile suicide is no more acute in juvenile detention centers than it is in the general population.

As noted earlier in this report, environmental and staffing limitations are common situations in adult jails and lockups. The effects of such living conditions worsen when isolation also occurs. This study has determined that the suicide rate for juveniles held in adult jails is about 4.6 times greater (12.3 per 100,000) than the suicide rate among youth in the general population (2.6 per 100,000). This high rate cannot be attributed to secure confinement alone since the suicide rate in separate juvenile detention facilities is well below that of the general youth population. Given this disparity in secure settings, it must be assumed that the high rate of juvenile suicides is attributable to the environmental and staffing conditions present in most adult jails and lockups.

The important point here is that nearly 500,000 juveniles experienced these detrimental conditions each year. If the physical and emotional well-being of juvenile offenders is to be a matter of concern, every effort must be made to prohibit the jailing of juveniles. The identification of these detrimental conditions should be the subject of continued investigation.

5 Notes

1. In this report, the word "juveniles" is not used as a reference to the formal or legal status of an individual, but rather as an informal and generic term which denotes someone who is below the age of eighteen. The judicial concept "juvenile" is too imprecise for the purpose of operationalization because each state has jurisdiction over the legal definition of the age limits for juvenile status, and within states, that status can even vary by sex or nature of offense (U.S. Department of Justice, 1973:2). However, there is evidence which indicates that some of the data reflect state statutes with regard to the judicial definitions of juvenile status rather than the requested definition of persons below the age of eighteen. To the extent that this is true, the data on adult jails underestimate parameters such as the number of juvenile suicides since state statutes never define a juvenile above the age of seventeen. In view of this fact, the questionnaire which was mailed to lockups was modified so that it would conform to state statutes in the definition of juveniles. (See Appendices 1 and 2, items 1 and 2 respectively.)

2. Federal or state prisons typically hold inmates for over one year, while jails ordinarily incarcerate prisoners for less than one year, and lockups detain inmates for less than forty-eight hours. Moreover, lockups cannot book prisoners on the premises.

3. The items which comprise the questionnaire that was sent to jails and juvenile detention centers are listed in Appendix 1.

4. The items which comprise the questionnaire that was sent to lockups are listed in Appendix 2.

6 Appendix 1

Items on the Jail and Juvenile Detention Questionnaire

1. How many individuals below the age of 18 were held in your institution for any length of time during 1978?

2. Which of the following statements best describes how individuals below the age of 18 are usually held in your institution?

- Individuals below the age of 18 are put into cells with adult prisoners.
- Individuals below the age of 18 are put into cells which have no other occupants but which are within sight or sound contact of adult prisoners.
- Individuals below the age of 18 are put into cells with other juveniles or cells which are within sight or sound contact of other juveniles.
- Individuals below the age of 18 are put into cells which have no other occupants and which are not within sight or sound contact of any other inmate.
- Other (please specify).

3. Would sight and sound separation of juvenile and adult prisoners be achieved in your institution if trusties were not supervising juvenile inmates?

4. Apart from the time in their cells, are there situations such as admissions, dining, recreation, etc., when juvenile inmates come into contact with adult prisoners?

5. What was the highest number of juveniles held in your institution on any one day during 1978?

6. Does your institution ever hold juveniles from counties other than your own county?

7. What was the average length of stay for juveniles in your institution during 1978?

8. What is the official maximum capacity for juveniles in your institution?

9. As you know, an "attempted suicide? is one in which an individual tries to take his or her own life but does not succeed. How many individuals below the age of 18 attempted suicide in your institution during 1978?

10. How many of those individuals were males?

11. How many of those individuals were of white racial background?

12. How many of those individuals had been charged with felonies?

13. What was the total number of days that each one of those individuals had been held for prior to his/her attempted suicide?

14. Which of the following statements best describes how each one of those individuals was held in your institution at the time he or she attempted suicide?

- The individual was in a cell with adult prisoners.
- The individual was in a cell with no other occupants but which was within sight or sound contact of adult prisoners.
- The individual was in a cell with other juveniles or in a cell which was within sight or sound contact of other juveniles.
- The individual was in a cell which had no other occupants and which was not within sight or sound contact of any other inmate.
- Other (please specify).

15. As you know, a "committed suicide" is one in which an individual succeeds in taking his or her own life. How many individuals below the age of 18 committed suicide in your institution during 1978?

16. How many of those individuals were males?

17. How many of those individuals were of white racial background?

18. How many of those individuals had been charged with felonies?

19. What was the total number of days that each one of those individuals had been held for prior to his/her committed suicide?

20. Which of the following statements best describes how each one of those individuals was held in your institution at the time he or she committed suicide? (Write the number of committed suicides in the spaces below.)

- The individual was in a cell with adult prisoners.
- The individual was in a cell with no other occupants but which was within sight or sound contact of adult prisoners.
- The individual was in a cell with other juveniles or a cell which was within sight or sound contact of other juveniles.
- The individual was in a cell with no other occupants and which was not within sight or sound contact of any other inmate.
- Other (please specify).

7 Appendix 2

Items on the Lockup Questionnaire

1. Did your office place any individual (juvenile or adult) in a locked detention cell during 1978?

2. How many juveniles were placed in a locked detention cell in your facility for any length of time during 1978?

3. Which of the following statements best describes how juveniles are usually held when placed in a locked detention cell in your facility?

- Juveniles are put into cells with adult prisoners.
- Juveniles are put into cells which have no other occupants but which are within sight or sound contact of adult prisoners.
- Juveniles are put into cells with other juveniles or cells which are within sight or sound contact of other juveniles.
- Juveniles are put into cells which have no other occupants and which are not within sight or sound contact of any other inmate.
- Other (please specify).

4. As you know, an "attempted suicide" is one in which an individual tries to take his or her life but does not succeed. How many juveniles attempted suicide in your facility during 1978?

5. What was the total number of hours that each one of those individuals had been held prior to his/her attempted suicide?

6. As you know, a "committed suicide" is one in which an individual succeeds in taking his or her own life. How many juveniles committed suicide in your facility during 1978?

7. How many of those individuals had been charged with felonies?

8. What was the total number of hours that each one of those individuals had been held prior to his/her suicide?

9. Which of the following statements best describes how each one of those individuals was held in your facility at the time he or she committed suicide? (Write the number of committed suicides in the spaces below.)

- The individual was in a cell with adult prisoners.
- The individual was in a cell with no other occupants but which was within sight or

sound contact of adult prisoners.
- The individual was in a cell with other juveniles or a cell which was within sight or sound contact of other juveniles.
- The individual was in a cell with no other occupants and which was not within sight or sound contact of any other inmate.
- Other (please specify).

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